

MDR Tracking Number: M5-04-3639-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division (Division) assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on June 25, 2004.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. The IRO agrees with the previous determination that the the work hardening, initial 2 hours and work hardening, each additional hour **were not** medically necessary. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

Based on review of the disputed issues within the request, the Division has determined that fees were the only fees involved in the medical dispute to be resolved. As the treatment listed above were not found to be medically necessary, reimbursement for dates of service from 10-27-03 to 11-14-03 is denied and the Division declines to issue an Order in this dispute.

This Decision is hereby issued this 21st day of September 2004.

Patricia Rodriguez
Medical Dispute Resolution Officer
Medical Review Division

PR/pr

NOTICE OF INDEPENDENT REVIEW DECISION

September 15, 2004

Rosalinda Lopez
Program Administrator
Medical Review Division
Texas Workers Compensation Commission
7551 Metro Center Drive, Suite 100, MS 48
Austin, TX 78744-1609

RE: Injured Worker:
MDR Tracking #: M5-04-3639-01
IRO Certificate #: IRO4326

The Texas Medical Foundation (TMF) has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The Texas Workers' Compensation Commission (TWCC) has assigned the above referenced case to TMF for independent review in accordance with TWCC Rule §133.308 which allows for medical dispute resolution by an IRO.

TMF has performed an independent review of the rendered care to determine if the adverse determination was appropriate. In performing this review, relevant medical records, any documents utilized by the parties referenced above in making the adverse determination, and any documentation and written information submitted in support of the appeal was reviewed.

The independent review was performed by a matched peer with the treating health care professional. This case was reviewed by a health care professional licensed in chiropractic care. TMF's health care professional has signed a certification statement stating that no known conflicts of interest exist between him or her and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for a determination prior to the referral to TMF for independent review. In

addition, the reviewer has certified that the review was performed without bias for or against any party to this case.

Clinical History

This 34 year-old fell 15 feet from a ladder on ____, hitting his head, back, and shoulder on a balcony railing. He suffered a partial rotator cuff tear of the left shoulder and has been receiving conservative chiropractic treatment since the week of the injury for pain in his shoulder, back, and knee. He attended 13 sessions of a 15-session work hardening program from 10/27/03 through 11/14/03 during which his diagnosis was listed as shoulder strain, lumbar strain, and wrist strain

Requested Service(s)

Work Hardening, initial 2 hours and work hardening, each additional hour for dates of service 10/27/03 through 11/14/03

Decision

It is determined that the work hardening program was not medically necessary to treat this patient's medical condition from 10/27/03 through 11/14/03.

Rationale/Basis for Decision

The medical records submitted in this case failed to adequately qualify this patient for the work hardening program. Not only was the psychological component insufficiently addressed, but the records also did not indicate why this advanced level service was required.

A systematic review of the current medical literature for a multidisciplinary approach to chronic pain found only two controlled trials of approximately 100 patients with no difference found at 12-month and 24-month follow-up when a multidisciplinary team approach was compared with traditional care. Based on those studies as well as the lack of documentation that properly qualified the patient for entrance into the program, the work hardening program from 10/27/03 through 11/14/03 was not medically necessary to treat this patient's medical condition.

Sincerely,